

Dietitians and Nutritionists Application–Verification by Supervisor

This section must be completed by the Licensure Applicant.

I, _____, hereby authorize _____
(Print Name of Applicant) (Print Name of Supervisor)
to provide to the Board of Registration of Dietitians and Nutritionists any information deemed relevant to my qualifications as an applicant. I hereby release and discharge the supervisor completing this document from all claims arising out of the provision of such information.

Applicant's Signature and Date

The Supervisor must complete this section. To the maximum extent permitted by law, the Board will keep confidential all information provided. Only complete this form if the applicant has completed the waiver above. The Board assumes that you, in recommending this applicant, would be willing to interpret or to discuss your recommendation if the Board should desire to contact you at a later date. **After you have completed this form, please return it to the applicant.**

I, _____, recommend the above-named individual for
(Print Name of Supervisor)
licensure as a Dietitian/Nutritionist. I certify that I supervised paid professional practice of the above named individual. That practice was performed at:

Business Name: _____

Street Address: _____

City/State/Zip: _____

The license applicant was a full-time (≥ 32 hours per week) employee or the applicant was a part-time employee who worked an average of _____ hours per week. Paid professional experience began on _____ and ended _____. The title of the applicant's position was _____. Duties and responsibilities included _____

_____. To the best of my knowledge, the applicant exhibits appropriate professional competence and is of good moral character.

(Supervisor's Signature and Date)

Printed Name: _____

Business Name: _____

Street Address: _____

City/State/Zip: _____